

DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name _____ Date of Application _____

Company HERMANN BROTHERS LOGGING AND CONSTRUCTION INC.

Address 2095 BLUE MOUNTAIN ROAD

City, ST, Zip PORT ANGELES, WA 98362

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

A complete work history is required whether this is your first job or you've had 50 jobs.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I certify that I am registered in the FMCSA Clearinghouse, and further certify that I have recently viewed the FMCSA Clearinghouse database concerning my eligibility to Drive a Commercial Motor Vehicle, and I represent that there is no restriction on my clearance to immediately perform FMCSA Safety Sensitive duties as a DOT regulated Driver.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand I have the right to:

- * Review information provided by previous employers;
- * Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- * Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature _____

Date _____

APPLICANT TO COMPLETE

Fill in all questions completely and accurately. If something does not apply, write N/A or cross it out.

Position(s) Applied for _____
 Applicant Name: _____ Social Security No. _____
Last First Middle

List your addresses of residency for the past 3 years.

Current Address _____	Phone _____
City _____ State _____ Zip Code _____	How Long? _____ <small>yr./mo.</small>
Previous Addresses	
Street _____ City _____ State & Zip _____	How Long? _____ <small>yr./mo.</small>
Street _____ City _____ State & Zip _____	How Long? _____ <small>yr./mo.</small>
Street _____ City _____ State & Zip _____	How Long? _____ <small>yr./mo.</small>

Do you have the legal right to work in the United States? Yes _____ No _____ Can you provide proof of age? Yes ___ No ___

Date of Birth _____
 (Required for Commerical Drivers)

Have you worked for this company before? Yes _____ No _____ Where? _____

Dates: From _____ To _____ Position _____ Rate of Pay _____

Reason for leaving: _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? Yes _____ No _____ Name of bonding company _____
 (Answer only if a job requirement)

Have you ever been convicted of a felony? Yes _____ No _____
 If yes, please explain fully on a **seperate sheet of paper**. Conviction of a crime is not an automatic bar to employment - all circumstances will be considered.

=====
 Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]? Yes _____ No _____

If yes, explain if you wish. _____

EMPLOYMENT HISTORY

All driver applicants must provide the following information on all employers during the preceding 10 years. List complete mailing address, street number, city, state, and zip code. List employers in reverse order starting with the most recent. Add another sheet as necessary

Any gaps in employment history that are more than 30 days in duration must be explained in writing.

EMPLOYER		DATE	
NAME _____		FROM - MO/YR	TO - MO/YR
ADDRESS _____			
CITY, STATE, ZIP _____	POSITION HELD _____		
PHONE NUMBER _____	SALARY/WAGE _____		
CONTACT PERSON _____	REASON FOR LEAVING _____		
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

Employment History (continued)

EMPLOYER		DATE	
NAME _____		FROM - MO/YR	TO - MO/YR
ADDRESS _____			
CITY, STATE, ZIP _____	POSITION HELD _____		
PHONE NUMBER _____	SALARY/WAGE _____		
CONTACT PERSON _____	REASON FOR LEAVING _____		
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

EMPLOYER		DATE	
NAME _____		FROM - MO/YR	TO - MO/YR
ADDRESS _____			
CITY, STATE, ZIP _____	POSITION HELD _____		
PHONE NUMBER _____	SALARY/WAGE _____		
CONTACT PERSON _____	REASON FOR LEAVING _____		
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

EMPLOYER		DATE	
NAME _____		FROM - MO/YR	TO - MO/YR
ADDRESS _____			
CITY, STATE, ZIP _____	POSITION HELD _____		
PHONE NUMBER _____	SALARY/WAGE _____		
CONTACT PERSON _____	REASON FOR LEAVING _____		
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

EMPLOYER		DATE	
NAME _____		FROM - MO/YR	TO - MO/YR
ADDRESS _____			
CITY, STATE, ZIP _____	POSITION HELD _____		
PHONE NUMBER _____	SALARY/WAGE _____		
CONTACT PERSON _____	REASON FOR LEAVING _____		
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

† The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

Employment History (continued)

EMPLOYER		DATE	
NAME _____		FROM - MO/YR	TO - MO/YR
ADDRESS _____			
CITY, STATE, ZIP _____	POSITION HELD _____		
PHONE NUMBER _____	SALARY/WAGE _____		
CONTACT PERSON _____	REASON FOR LEAVING _____		
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

EMPLOYER		DATE	
NAME _____		FROM - MO/YR	TO - MO/YR
ADDRESS _____			
CITY, STATE, ZIP _____	POSITION HELD _____		
PHONE NUMBER _____	SALARY/WAGE _____		
CONTACT PERSON _____	REASON FOR LEAVING _____		
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

EMPLOYER		DATE	
NAME _____		FROM - MO/YR	TO - MO/YR
ADDRESS _____			
CITY, STATE, ZIP _____	POSITION HELD _____		
PHONE NUMBER _____	SALARY/WAGE _____		
CONTACT PERSON _____	REASON FOR LEAVING _____		
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

EMPLOYER		DATE	
NAME _____		FROM - MO/YR	TO - MO/YR
ADDRESS _____			
CITY, STATE, ZIP _____	POSITION HELD _____		
PHONE NUMBER _____	SALARY/WAGE _____		
CONTACT PERSON _____	REASON FOR LEAVING _____		
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

† The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

Employment History (continued)

EMPLOYER		DATE	
NAME _____		FROM - MO/YR	TO - MO/YR
ADDRESS _____			
CITY, STATE, ZIP _____	POSITION HELD _____		
PHONE NUMBER _____	SALARY/WAGE _____		
CONTACT PERSON _____	REASON FOR LEAVING _____		
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

EMPLOYER		DATE	
NAME _____		FROM - MO/YR	TO - MO/YR
ADDRESS _____			
CITY, STATE, ZIP _____	POSITION HELD _____		
PHONE NUMBER _____	SALARY/WAGE _____		
CONTACT PERSON _____	REASON FOR LEAVING _____		
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

EMPLOYER		DATE	
NAME _____		FROM - MO/YR	TO - MO/YR
ADDRESS _____			
CITY, STATE, ZIP _____	POSITION HELD _____		
PHONE NUMBER _____	SALARY/WAGE _____		
CONTACT PERSON _____	REASON FOR LEAVING _____		
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

EMPLOYER		DATE	
NAME _____		FROM - MO/YR	TO - MO/YR
ADDRESS _____			
CITY, STATE, ZIP _____	POSITION HELD _____		
PHONE NUMBER _____	SALARY/WAGE _____		
CONTACT PERSON _____	REASON FOR LEAVING _____		
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

† The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

Employment History (continued)

EMPLOYER		DATE	
NAME _____		FROM - MO/YR	TO - MO/YR
ADDRESS _____			
CITY, STATE, ZIP _____	POSITION HELD _____		
PHONE NUMBER _____	SALARY/WAGE _____		
CONTACT PERSON _____	REASON FOR LEAVING _____		
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

EMPLOYER		DATE	
NAME _____		FROM - MO/YR	TO - MO/YR
ADDRESS _____			
CITY, STATE, ZIP _____	POSITION HELD _____		
PHONE NUMBER _____	SALARY/WAGE _____		
CONTACT PERSON _____	REASON FOR LEAVING _____		
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

EMPLOYER		DATE	
NAME _____		FROM - MO/YR	TO - MO/YR
ADDRESS _____			
CITY, STATE, ZIP _____	POSITION HELD _____		
PHONE NUMBER _____	SALARY/WAGE _____		
CONTACT PERSON _____	REASON FOR LEAVING _____		
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

EMPLOYER		DATE	
NAME _____		FROM - MO/YR	TO - MO/YR
ADDRESS _____			
CITY, STATE, ZIP _____	POSITION HELD _____		
PHONE NUMBER _____	SALARY/WAGE _____		
CONTACT PERSON _____	REASON FOR LEAVING _____		
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

† The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

Employment History (continued)

EMPLOYER		DATE	
NAME _____		FROM - MO/YR	TO - MO/YR
ADDRESS _____			
CITY, STATE, ZIP _____	POSITION HELD _____		
PHONE NUMBER _____	SALARY/WAGE _____		
CONTACT PERSON _____	REASON FOR LEAVING _____		
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

EMPLOYER		DATE	
NAME _____		FROM - MO/YR	TO - MO/YR
ADDRESS _____			
CITY, STATE, ZIP _____	POSITION HELD _____		
PHONE NUMBER _____	SALARY/WAGE _____		
CONTACT PERSON _____	REASON FOR LEAVING _____		
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

EMPLOYER		DATE	
NAME _____		FROM - MO/YR	TO - MO/YR
ADDRESS _____			
CITY, STATE, ZIP _____	POSITION HELD _____		
PHONE NUMBER _____	SALARY/WAGE _____		
CONTACT PERSON _____	REASON FOR LEAVING _____		
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

EMPLOYER		DATE	
NAME _____		FROM - MO/YR	TO - MO/YR
ADDRESS _____			
CITY, STATE, ZIP _____	POSITION HELD _____		
PHONE NUMBER _____	SALARY/WAGE _____		
CONTACT PERSON _____	REASON FOR LEAVING _____		
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

† The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

Employment History (continued)

EMPLOYER		DATE	
NAME _____		FROM - MO/YR	TO - MO/YR
ADDRESS _____			
CITY, STATE, ZIP _____	POSITION HELD _____		
PHONE NUMBER _____	SALARY/WAGE _____		
CONTACT PERSON _____	REASON FOR LEAVING _____		
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

EMPLOYER		DATE	
NAME _____		FROM - MO/YR	TO - MO/YR
ADDRESS _____			
CITY, STATE, ZIP _____	POSITION HELD _____		
PHONE NUMBER _____	SALARY/WAGE _____		
CONTACT PERSON _____	REASON FOR LEAVING _____		
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

EMPLOYER		DATE	
NAME _____		FROM - MO/YR	TO - MO/YR
ADDRESS _____			
CITY, STATE, ZIP _____	POSITION HELD _____		
PHONE NUMBER _____	SALARY/WAGE _____		
CONTACT PERSON _____	REASON FOR LEAVING _____		
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

EMPLOYER		DATE	
NAME _____		FROM - MO/YR	TO - MO/YR
ADDRESS _____			
CITY, STATE, ZIP _____	POSITION HELD _____		
PHONE NUMBER _____	SALARY/WAGE _____		
CONTACT PERSON _____	REASON FOR LEAVING _____		
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

† The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

Employment History (continued)

EMPLOYER		DATE	
NAME _____		FROM - MO/YR	TO - MO/YR
ADDRESS _____			
CITY, STATE, ZIP _____	POSITION HELD _____		
PHONE NUMBER _____	SALARY/WAGE _____		
CONTACT PERSON _____	REASON FOR LEAVING _____		
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

EMPLOYER		DATE	
NAME _____		FROM - MO/YR	TO - MO/YR
ADDRESS _____			
CITY, STATE, ZIP _____	POSITION HELD _____		
PHONE NUMBER _____	SALARY/WAGE _____		
CONTACT PERSON _____	REASON FOR LEAVING _____		
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

EMPLOYER		DATE	
NAME _____		FROM - MO/YR	TO - MO/YR
ADDRESS _____			
CITY, STATE, ZIP _____	POSITION HELD _____		
PHONE NUMBER _____	SALARY/WAGE _____		
CONTACT PERSON _____	REASON FOR LEAVING _____		
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

EMPLOYER		DATE	
NAME _____		FROM - MO/YR	TO - MO/YR
ADDRESS _____			
CITY, STATE, ZIP _____	POSITION HELD _____		
PHONE NUMBER _____	SALARY/WAGE _____		
CONTACT PERSON _____	REASON FOR LEAVING _____		
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

† The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES		NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT					
NEXT PREVIOUS					
NEXT PREVIOUS					

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)
EXPERIENCE AND QUALIFICATIONS - DRIVER

List all driver licenses or permits held in the past 3 years

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes _____ No _____
 B. Has any license, permit, or privilege ever been suspended or revoked? Yes _____ No _____
 IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS _____

DRIVING EXPERIENCE CHECK YES OR NO

	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM(M/Y)	TO(M/Y)	
STRAIGHT TRUCK Yes ___ No ___	(VAN.TANK,FLAT,DUMP,REFER)			
TRACTOR AND SEMI-TRAILER Yes ___ No ___	(VAN.TANK,FLAT,DUMP,REFER)			
TRACTOR - TWO TRAILERS Yes ___ No ___	(VAN.TANK,FLAT,DUMP,REFER)			
TRACTOR - THREE TRAILERS Yes ___ No ___	(VAN.TANK,FLAT,DUMP,REFER)			
MOTORCOACH - SCHOOL BUS Yes ___ No ___	----			
OTHER Yes ___ No ___				

LIST STATES OPERATED IN FOR THE LAST FIVE YEARS: _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS - OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY _____

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION _____

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN) _____

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED _____
 Name Address City/State/Zip

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature: _____

Date: _____

**Hermann Brothers Logging & Construction, Incorporated
Port Angeles, WA**

Employee, Applicant or Contractor release

In connection with my employment, application process for employment, contract for services or Incidental review I understand that consumer reports or investigative consumer reports, which may contain public record information, may be requested by BestHire, LLC. **and its agents**, made on me including address searches & criminal records. Further I understand that you will be requesting information from various Federal, State, local and other agencies which contain my past activities. I hereby authorize without reservation, any party or agency contacted by this employer to furnish the above mentioned information.

I have the right to make a request of BestHire, Llc of Vernon, CT, USA, Telephone: **877-919-2615**. Upon proper identification and the payment of any authorized fees, for the information in its files on me at the time of my request. I further authorize ongoing procurement of the above mentioned reports, at any time, during my active relationship. A facsimile of this original release is to be considered same and to be treated like the original.

First name: _____ middle: _____

Last name: _____

Title applying for: _____

Do you have any other former or last name(s)?: _____

Residence Street: _____

City: _____ *State: _____ *ZIP: _____

SOCIAL SECURITY NUMBER: _____ / _____ / _____

What State did you receive your SSN In? _____

Birthdate: Month: _____ Day: _____ Year: _____ Race: _____ Gender: _____

How many years have you lived in this in this state?: _____

What other states have you lived in or worked in for, at least, the last 7 years? :

Do you wish to receive a copy of this report when completed? **YES or NO**

Applicant/Employee/Contractor signature

X _____ Date: _____

Employer signature

X _____ Date: _____

Employer has verified identification by the following photo ID. (IE: Driver's license or other Government photo ID). Employer also confirms an I-9 is on file.

You can find further information on these reports at: <http://www.ConsumerFinance.gov/>

BestHire
Vernon, CT 800-539-0055 // Fax 877-919-2615

Employer will maintain this release, on file, a *minimum of 300 days*.
2017

Rev. Jun

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

In connection with your application for employment with _____ (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize _____ (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 2/11/2016